Clinical Policy: Aprepitant (Emend)
Reference Number: CP.PMN.19
Effective Date: 11/06
Last Review Date: 08/17
Line of Business: Medicaid

Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Aprepitant (Emend®) is a substance P/neurokinin 1 (NK1) receptor antagonist.

FDA approved indication
Emend is indicated:

- In combination with other antiemetic agents for patients 6 months of age and older (oral suspension) or 12 years of age and older (capsules) for prevention of:
  - Acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy including high-dose cisplatin
  - Nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy
- For prevention of postoperative nausea and vomiting in adults (capsules only)

Limitations of use:

- Emend has not been studied for treatment of established nausea and vomiting.
- Chronic continuous administration of Emend is not recommended.

Policy/Criteria
Provider must submit documentation (~~including office~~which may ~~chart~~include office chart notes and lab results) supporting that member has met all approval criteria

It is the policy of health plans affiliated with Centene Corporation® that Emend is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Prevention of Chemotherapy-Induced Nausea and Vomiting ~~Nausea & Vomiting Induced by Highly Emetogenic Chemotherapy per Table 1 & 2~~ (must meet all)**:**

1. Prescribed by or in consultation with a hematologist or ~~y/~~oncologist~~y specialist~~;
2. ~~Member meets one of the following (a or b) 1 or 2:~~
   a. ~~Request is for Eemend oral suspension, and: age is between 6 months to 11 years or provider submits documentation supporting inability to swallow pills;~~
   b. ~~Request is for eEmend capsules: age ≥ 12 years;~~

~~3.~~2. Prescribed in combination with a 5-HT3 serotonin receptor antagonist and dexamethasone;
3. Member meets one of the following (a or b):
   a. Currently or will be receiving highly emetogenic chemotherapy (Appendix B);

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~~a.~~b. Currently or will be receiving moderately emetogenic chemotherapy (Appendix B), and failure of a 5-HT3 receptor antagonist and dexamethasone;

4. Dose ~~Request~~ does not exceed 125 mg on Day 1, followed by 80 mg on Days 2 and 3 ~~FDA approved maximum recommended dose and health plan approved daily quantity limit~~.

Approval duration: Duration of chemotherapy

~~**B. Prevention of Nausea & Vomiting Induced by Moderately Emetogenic Chemotherapy per Table 1 & 2** (must meet all)**:**~~

~~1. Prescribed by a hematology/oncology specialist;~~
~~2. Member meets 1 or 2:~~
~~a. Request for emend oral suspension: age is between 6 months to 11 years or provider submits documentation supporting inability to swallow pills;~~
~~b. Request for emend capsule: age ≥ 12 years;~~
~~3. Failure of a 5-HT3 receptor antagonist and dexamethasone;~~
~~4. Prescribed in combination with a 5-HT3 receptor antagonist and dexamethasone;~~
~~5. Request does not exceed FDA approved maximum recommended dose and health plan approved daily quantity limit.~~

~~**Approval duration: Duration of chemotherapy**~~

~~C.~~**B. Prevention of Postoperative Nausea ~~&~~and Vomiting** (must meet all)**:**

~~1. Age ≥ 18 years;~~
~~2.~~1. Request is for Emend capsules;
~~3.~~2. Prescribed pre-surgically by or in consultation with a surgeon;
~~4.~~3. Failure of ondansetron unless ~~C~~contraindicated~~ion~~ or clinically significant adverse effects are experienced~~intolerance to ondansetron~~;
~~5.~~4. ~~Request~~ Dose does not exceed 40 mg (1 capsule) ~~FDA approved maximum recommended dose and health plan approved daily quantity limit~~.

Approval duration: One time pre-surgical treatment

~~D.~~**C. Other diagnoses/indications**

1. Refer to CP.PMN.53 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. Prevention of Chemotherapy-Induced Nausea and Vomiting (must meet all)**:**

1. Previously received medication via Centene benefit for prevention of chemotherapy-induced nausea and vomiting or member has previously met ~~all~~ initial approval criteria;
2. Documentation supports that member is ~~presently~~ currently or will be receiving moderately to highly emetogenic chemotherapy;
3. Prescribed in combination with a 5-HT3 serotonin receptor antagonist and dexamethasone;
4. Documentation of positive response to therapy;

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3.5. If request is for a dose increase, new dose ~~Request~~ does not exceed 125 mg on Day 1, followed by 80 mg on Days 2 and 3~~FDA approved maximum recommended dose and health plan approved daily quantity limit~~.

Approval duration: Duration of chemotherapy

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via health plan benefit and documentation supports positive response to therapy.
   Approval duration: Duration of request or 12 months (whichever is less); or
2. Refer to CP.PMN.53 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized)

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policy – CP.PMN.53 or evidence of coverage documents~~;~~

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
5-HT3: serotonin
ASCO: American Society of Clinical Oncology
FDA: Food and Drug Administration
NCCN: National Comprehensive Cancer Network
NK1: neurokinin 1

Appendix B: Emetic Risk of Chemotherapeutic ~~Emetogenicity~~Agents per ASCO/NCCN[§]

Degree of Emetogenicity (Incidence)	Parenteral Agent(s)	Oral Agent(s)**
High (>90%)	Carboplatin AUC ≥ 4 Carmustine Cisplatin Cyclophosphamide ≥ 1500 mg/m^2 Dacarbazine Dactinomycin Ifosfamide ≥ 2 g/m^2 per dose Mechlorethamine Streptozocin	~~Procarbazine~~ Altretamine ~~(hexamethylmelamine)~~ ~~Bosutinib~~ Busulfan (≥ 4 mg/day) ~~Cabozantinib~~ Ceritinib Crizotinib Cyclophosphamide
Moderate (30 to 90%)	Aldeslekuin > 12-15 million IU/m^2 Alemtuzumab Amifostine > 300 mg/m^2 Arsenic trioxide Azaciytidine ~~Belinostat~~ Bendamustine Busulfan ~~Cabazitaxel~~	(≥ 100 mg/m^2/day) Estramustine Etoposide Lenvatinib ~~Imatinib~~ Lomustine Mitotane Olaparib Panobinostat

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	Carboplatin AUC < 4 Carmustine ≤ 250 mg/m^2 Clofarabine Cyclophosphamide < 1500 mg/m^2 Cytarabine > 2~~10~~00 mg/m^2 Dactinomycin Daunorubicin* Dinutuximab Doxorubicin* Epirubicin* Idarubicin* Ifosfamide < 2 g/m^2 per dose Irinotecan, liposomal irinotecan Mephalan Methotrexate ~~at~~ > 2~~1~~ mg/m^2~~grams~~ Oxaliplatin ~~Pralatrexate~~ Temozolomide Trabectedin	Procarbazine Rucaparib Temozolomide (> 75 mg/m^2/day) Trifluridine/tipiracil ~~Tretinoin~~ ~~Vandetanib~~

§ This table ~~is to serve as a guide and~~ may not account for all existing chemotherapy regimens.
* These anthracyclines, when combined with cyclophosphamide, are ~~now~~ designated as high emetic risk.
** Considerable uncertainty prevails for the emetogenic risk of oral agents. The guidelines do not delineate between moderate to high risk for these agents.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Prevention of chemotherapy-induced nausea and vomiting	*Capsules*: 125 mg on Day 1, then 80 mg on Days 2 and 3 *Oral suspension*: 3 mg/kg on Day 1, then 2 mg/kg on Days 2 and 3	Day 1: 125 mg Days 2 and 3: 80 mg
Prevention of postoperative nausea and vomiting	40 mg within 3 hours prior to induction of anesthesia	40 mg

VI. Product Availability

- Capsules: 40 mg, 80 mg, 125 mg
- Powder for oral suspension: 125 mg

VII. Workflow Document

CP.PMN.19 Aprepitant (Emend)

CP.PMN.19 Emend.docx

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VIII. References

1. Emend Prescribing Information. Whitehouse Station, NJ: Merck & Company, Inc.: ~~December 2015~~January 2017. Available at: http://www.emend.com. Accessed ~~July 2016~~March 27, 2017.
2. Basch E, Prestrud AA, Hesketh PJ et al. Antiemetics: American Society of Clinical Oncology clinical practice guideline update. Journal of Clinical Oncology. 2011 Nov 01: 29(31): 4189-4198. Available at: http://jco.ascopubs.org/content/29/31/4189.long. Accessed March~~November~~ 2017~~5~~.
3. ~~Hesketh PJ. Prevention and treatment of chemotherapy-induced nausea and vomiting. Drews RE, Poplack DG, (Ed). In UptoDate Waltham MA. Accessed December 2015.~~Antiemesis (Version ~~2~~1.201~~6~~7). In: National Comprehensive Cancer Network Guidelines. Available at www.NCCN.org. Accessed ~~December 16, 2016~~March 28, 2017.
~~3.~~

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Updated the "Description", "FDA Labeled Indications", and quantity limits in the "Approval" section. Updated reference section to reflect current literature search.	02/10	02/10
Updated reference section to reflect current literature search.	02/11	02/11
Updated reference section to reflect current literature search.	02/12	02/12
Updated reference section to reflect current literature search.	02/13	02/13
Updated reference section to reflect current literature search.	02/14	02/14
Updated reference section to reflect current literature search.	02/15	02/15
Updated to clarify use only for age 18 an older	05/15	05/15
Converted into new policy template; Added age limits (≥12 years or ≤ 12 years and weight at least 30kg per labeling) for initial approval; Added tables 1 & 2 to show degree of emetogenicity for different chemotherapy regimen; Divided diagnosis with separate criteria, I, II, III; Updated Moderately Emetogenic Cancer Chemotherapy criteria per 2011 ASCO guideline;; Added criteria for continuity of care Updated references	12/15	02/16
Updated criteria to allow the use of oral suspension in patients 6 months to 11 years or those unable to swallow pills; For prevention of post-operative nausea/vomiting, added that member must have contraindication or intolerance to PDL ondansetron; Added criteria not to exceed FDA approved maximum recommended dose and health plan approved daily quantity limit.	07/16	08/16
~~Non-clinical changes to criteria~~	03/17	08/17

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Reviews, Revisions, and Approvals	Date	P&T Approval Date
Removed age restriction for oral suspension as its use is not limited to patients between 6 months-11 years per FDA labeling - Removed age restriction for capsules as it is not an absolute contraindication per FDA labeling		

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

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Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.